

# STATE OF MONTANA

ARTICLES of FORMATION for  
DOMESTIC BUSINESS TRUST  
(35-5-103, MCA)

**MAIL:** **BRAD JOHNSON**  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801

**PHONE:** (406)444-3665  
**FAX:** (406)444-3976  
**WEB SITE:** *sos.mt.gov*



Prepare, sign, submit with signature, annual report(s)  
and the correct filing fee.

(Space below for use by the Secretary of State only)

**Filing Fee: \$ 70.00**

☐ **24 Hour Priority Filing Add \$20.00**

☐ **1 Hour Expedite Filing Add \$100.00**

*Executed by the undersigned person for the purpose of forming a Montana Business Trust.*

1. The name of this Business Trust is: \_\_\_\_\_

2. The name and address of its registered office/agent in Montana:

Registered Agent: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Montana, Zip Code: \_\_\_\_\_

Signature of registered agent (**required**): \_\_\_\_\_

3. A description of the business the Business Trust intends to transact:

4. The name and address of its current trustees:

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title